

Part B - FEE(S) TRANSMITTAL

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JONES DAY 222 East 41st Street New York, New York 10017-6702		_____ (Depositor's name) _____ (Signature) _____ (Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.
10/009,945	06/21/2002	Gerald H. Thomsen	10624-092-999
CONFIRMATION NO.		8725	

TITLE OF INVENTION: ANTAGONISTS OF BMP AND TGFβ SIGNALING PATHWAYS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	No	\$1440	\$0.00	\$1,440.00	03/11/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROBINSON, Hope A.	1652	435-007100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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1. Jones Day _____ 2. _____ 3. _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
 PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: SIGNAL PHARMACEUTICALS
 (B) RESIDENCE: (CITY and STATE OR COUNTRY) SAN DIEGO, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent):
☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Publication Fee (No small entity discount permitted) <input checked="" type="checkbox"/> Advance Order - # of Copies 2	4b. Payment of Fee(s): <input type="checkbox"/> A check in the amount of the fee(s) enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-3013 (enclose an extra copy of this form).
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5. Change in Entity Status (from status indicated above)

<input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.133.	<input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
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(Authorized Signature) *For: Anthony M. Insogna Reg. No. 35,203* (Date) February 19, 2008

Attorney Lawrence S. Graham *Lawrence S. Graham* Registration No. 49,020

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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